

## Block 5: Discount Funding Request(s)

Block 5, page 1 of 33

**Instructions:** Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

**FRN #** \_\_\_\_\_ **(to be assigned by administrator)**

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>Phone rates (bills) = T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone number) <span style="float: right;"><b>920 674-5577 141 7</b></span>																																																					
<b>12 Form 470 Application Number</b> (15 digits) <div style="text-align: right;"><b>578450000323389</b></div>	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <span style="float: right;"><b>12/06/2000</b></span>																																																					
<b>13 SPIN - Service Provider Identification Number</b> (9 digits) <div style="text-align: right;"><b>143001856</b></div>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19a Service Start Date</b> (mm/dd/yyyy) <span style="float: right;"><b>07/01/2001</b></span> <b>19b Service End Date</b> (mm/dd/yyyy) (use only for "T" or "MTM" services) <span style="float: right;"><b>06/30/2002</b></span>																																																					
<b>14 Service Provider Name</b> <span style="float: right;"><b>Ameritech</b></span>	<b>20 Contract Expiration Date</b> (mm/dd/yyyy)																																																					
<b>21 Description of This Service:</b> You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. <b>Attachment #</b> <u>Phone Service - #1</u>																																																						
<b>22 Entity/Entities Receiving This Service:</b> a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <u>Head Start Office - 132971</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____																																																						
<b>23 Calculations</b> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="5">Recurring Charges</th> <th colspan="3">Non-Recurring Charges</th> <th colspan="3">Total Charges</th> </tr> <tr> <th>A</th> <th>B</th> <th>C</th> <th>D</th> <th>E</th> <th>F</th> <th>G</th> <th>H</th> <th>I</th> <th>J</th> <th>K</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Monthly \$ charges (total amount per month for service)</td> <td style="text-align: left;">How much of the \$ amount in (A) is ineligible?</td> <td style="text-align: left;">Eligible monthly pre-discount amount (A minus B)</td> <td style="text-align: left;"># of months service provided in program year</td> <td style="text-align: left;">Annual pre-discount \$ amount for eligible recurring charges (C x D)</td> <td style="text-align: left;">Annual non-recurring (one-time) \$ charges</td> <td style="text-align: left;">How much of the \$ amount in (F) is ineligible?</td> <td style="text-align: left;">Annual eligible pre-discount \$ amount for one-time charges (F minus G)</td> <td style="text-align: left;">Total program year pre-discount \$ amount (E + H)</td> <td style="text-align: left;">% discount (from Block 4 Worksheet)</td> <td style="text-align: left;">Funding Commitment \$ Request (I x J)</td> </tr> <tr> <td><b>457</b></td> <td><b>0</b></td> <td><b>457</b></td> <td><b>12</b></td> <td><b>5484</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>5484</b></td> <td><b>44%</b></td> <td><b>2413</b></td> </tr> </tbody> </table>											Recurring Charges					Non-Recurring Charges			Total Charges			A	B	C	D	E	F	G	H	I	J	K	Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)	<b>457</b>	<b>0</b>	<b>457</b>	<b>12</b>	<b>5484</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5484</b>	<b>44%</b>	<b>2413</b>
Recurring Charges					Non-Recurring Charges			Total Charges																																														
A	B	C	D	E	F	G	H	I	J	K																																												
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)																																												
<b>457</b>	<b>0</b>	<b>457</b>	<b>12</b>	<b>5484</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5484</b>	<b>44%</b>	<b>2413</b>																																												

Entity Number <u>132971</u>	Applicant's Form Identifier <u>CESA2 2002 1A</u>
Contact Person <u>Candace Vanderlip</u>	Phone Number <u>(608) 758-6232</u>

## Block 5: Discount Funding Request(s)

Block 5, page 2 of 33

**Instructions:** Use one Block 5 page for **EACH** service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

**FRN #** \_\_\_\_\_ **(to be assigned by administrator)**

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>Phone rates (bills) = T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone number) <span style="float: right;"><b>920 261-8716 925 5</b></span>																																											
<b>12 Form 470 Application Number</b> (15 digits) <div style="text-align: right;"><b>578450000323389</b></div>	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <span style="float: right;"><b>12/06/2000</b></span>																																											
<b>13 SPIN - Service Provider Identification Number</b> (9 digits) <div style="text-align: right;"><b>143001856</b></div>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19a Service Start Date</b> (mm/dd/yyyy) <span style="float: right;"><b>07/01/2001</b></span> <b>19b Service End Date</b> (mm/dd/yyyy) (use only for "T" or "MTM" services) <span style="float: right;"><b>06/30/2002</b></span>																																											
<b>14 Service Provider Name</b> <span style="float: right;"><b>Ameritech</b></span>	<b>20 Contract Expiration Date</b> (mm/dd/yyyy)																																											
<b>21 Description of This Service:</b>	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. <b>Attachment #</b> <u>Phone Service - #1</u>																																											
<b>22 Entity/Entities Receiving This Service:</b>	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <u>Head Start Office - 132971</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____																																											
<b>23 Calculations</b> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="4">Recurring Charges</th> <th colspan="3">Non-Recurring Charges</th> <th colspan="3">Total Charges</th> </tr> <tr> <th>A</th> <th>B</th> <th>C</th> <th>D</th> <th>E</th> <th>F</th> <th>G</th> <th>H</th> <th>I</th> <th>J</th> <th>K</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Monthly \$ charges (total amount per month for service)</td> <td style="text-align: left;">How much of the \$ amount in (A) is ineligible?</td> <td style="text-align: left;">Eligible monthly pre-discount amount (A minus B)</td> <td style="text-align: left;"># of months service provided in program year</td> <td style="text-align: left;">Annual pre-discount \$ amount for eligible recurring charges (C x D)</td> <td style="text-align: left;">Annual non-recurring (one-time) \$ charges</td> <td style="text-align: left;">How much of the \$ amount in (F) is ineligible?</td> <td style="text-align: left;">Annual eligible pre-discount \$ amount for one-time charges (F minus G)</td> <td style="text-align: left;">Total program year pre-discount \$ amount (E + H)</td> <td style="text-align: left;">% discount (from Block 4 Worksheet)</td> <td style="text-align: left;">Funding Commitment \$ Request (I x J)</td> </tr> <tr> <td><b>223</b></td> <td><b>0</b></td> <td><b>223</b></td> <td><b>12</b></td> <td><b>2676</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>2676</b></td> <td><b>44%</b></td> <td><b>1177</b></td> </tr> </tbody> </table>		Recurring Charges				Non-Recurring Charges			Total Charges			A	B	C	D	E	F	G	H	I	J	K	Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)	<b>223</b>	<b>0</b>	<b>223</b>	<b>12</b>	<b>2676</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2676</b>	<b>44%</b>	<b>1177</b>
Recurring Charges				Non-Recurring Charges			Total Charges																																					
A	B	C	D	E	F	G	H	I	J	K																																		
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)																																		
<b>223</b>	<b>0</b>	<b>223</b>	<b>12</b>	<b>2676</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2676</b>	<b>44%</b>	<b>1177</b>																																		

Entity Number <u>132971</u>	Applicant's Form Identifier <u>CESA2 2002 1A</u>	
Contact Person <u>Candace Vanderlip</u>	Phone Number <u>(608) 758-6232</u>	

## Block 5: Discount Funding Request(s)

Block 5, page 3 of 33

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

FRN # \_\_\_\_\_ (to be assigned by administrator)

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <b>Phone rates (bills) = T</b>									
	<b>16 Billing Account Number</b> (e.g., billed telephone number) <b>608 250-5210 131 6</b>									
<b>12 Form 470 Application Number</b> (15 digits) <b>578450000323389</b>	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <b>12/06/2000</b>									
<b>13 SPIN - Service Provider Identification Number</b> (9 digits) <b>143001856</b>	<b>18 Contract Award Date</b> (mm/dd/yyyy)									
	<b>19a Service Start Date</b> (mm/dd/yyyy) <b>07/01/2001</b>									
	<b>19b Service End Date</b> (mm/dd/yyyy) (use only for "T" or "MTM" services) <b>06/30/2002</b>									
<b>14 Service Provider Name</b> <b>Ameritech</b>	<b>20 Contract Expiration Date</b> (mm/dd/yyyy)									
<b>21 Description of This Service:</b> You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. <b>Attachment # <u>Phone Service - #1</u></b>										
<b>22 Entity/Entities Receiving This Service:</b> a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <u>Dane County Office - 132971</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____										
<b>23 Calculations</b>										
<b>Recurring Charges</b>					<b>Non-Recurring Charges</b>			<b>Total Charges</b>		
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
121	0	121	12	1452	0	0	0	1452	44%	639

Entity Number <u>132971</u>	Applicant's Form Identifier <u>CESA2 2002 1A</u>	
Contact Person <u>Candace Vanderlip</u>	Phone Number <u>(608) 758-6232</u>	

## Block 5: Discount Funding Request(s)

Block 5, page 4 of 33

**Instructions:** Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

**FRN #** \_\_\_\_\_ **(to be assigned by administrator)**

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available, use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>Phone rates (bills) = T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone number) <span style="float: right;"><b>608 756-3147 420 2</b></span>																																												
<b>12 Form 470 Application Number</b> (15 digits) <div style="text-align: right;"><b>578450000323389</b></div>	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <span style="float: right;"><b>12/06/2000</b></span>																																												
<b>13 SPIN - Service Provider Identification Number</b> (9 digits) <div style="text-align: right;"><b>143001856</b></div>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19a Service Start Date</b> (mm/dd/yyyy) <span style="float: right;"><b>07/01/2001</b></span> <b>19b Service End Date</b> (mm/dd/yyyy) (use only for "T" or "MTM" services) <span style="float: right;"><b>06/30/2002</b></span>																																												
<b>14 Service Provider Name</b> <span style="float: right;"><b>Ameritech</b></span>	<b>20 Contract Expiration Date</b> (mm/dd/yyyy)																																												
<b>21 Description of This Service:</b>	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. <b>Attachment #</b> <u>Phone Service - #1</u>																																												
<b>22 Entity/Entities Receiving This Service:</b>	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <u>Janesville Office - 132971</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____																																												
<b>23 Calculations</b> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="5">Recurring Charges</th> <th colspan="3">Non-Recurring Charges</th> <th colspan="3">Total Charges</th> </tr> <tr> <th>A</th> <th>B</th> <th>C</th> <th>D</th> <th>E</th> <th>F</th> <th>G</th> <th>H</th> <th>I</th> <th>J</th> <th>K</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Monthly \$ charges (total amount per month for service)</td> <td style="text-align: left;">How much of the \$ amount in (A) is ineligible?</td> <td style="text-align: left;">Eligible monthly pre-discount amount (A minus B)</td> <td style="text-align: left;"># of months service provided in program year</td> <td style="text-align: left;">Annual pre-discount \$ amount for eligible recurring charges (C x D)</td> <td style="text-align: left;">Annual non-recurring (one-time) \$ charges</td> <td style="text-align: left;">How much of the \$ amount in (F) is ineligible?</td> <td style="text-align: left;">Annual eligible pre-discount \$ amount for one-time charges (F minus G)</td> <td style="text-align: left;">Total program year pre-discount \$ amount (E + H)</td> <td style="text-align: left;">% discount (from Block 4 Worksheet)</td> <td style="text-align: left;">Funding Commitment \$ Request (I x J)</td> </tr> <tr> <td><b>226</b></td> <td><b>0</b></td> <td><b>226</b></td> <td><b>12</b></td> <td><b>2712</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>2712</b></td> <td><b>44%</b></td> <td><b>1193</b></td> </tr> </tbody> </table>		Recurring Charges					Non-Recurring Charges			Total Charges			A	B	C	D	E	F	G	H	I	J	K	Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)	<b>226</b>	<b>0</b>	<b>226</b>	<b>12</b>	<b>2712</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2712</b>	<b>44%</b>	<b>1193</b>
Recurring Charges					Non-Recurring Charges			Total Charges																																					
A	B	C	D	E	F	G	H	I	J	K																																			
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)																																			
<b>226</b>	<b>0</b>	<b>226</b>	<b>12</b>	<b>2712</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2712</b>	<b>44%</b>	<b>1193</b>																																			

## Block 5: Discount Funding Request(s)

Block 5, page 5 of 33

**Instructions:** Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

**FRN #** \_\_\_\_\_ **(to be assigned by administrator)**

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>Phone rates (bills) = T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone number) <span style="float: right;"><b>608 755-0743 228 5</b></span>									
<b>12 Form 470 Application Number</b> (15 digits) <div style="text-align: right;"><b>578450000323389</b></div>	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <span style="float: right;"><b>12/06/2000</b></span>									
<b>13 SPIN - Service Provider Identification Number</b> (9 digits) <div style="text-align: right;"><b>143001856</b></div>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19a Service Start Date</b> (mm/dd/yyyy) <span style="float: right;"><b>07/01/2001</b></span> <b>19b Service End Date</b> (mm/dd/yyyy) (use only for "T" or "MTM" services) <span style="float: right;"><b>06/30/2002</b></span>									
<b>14 Service Provider Name</b> <div style="text-align: right;"><b>Ameritech</b></div>	<b>20 Contract Expiration Date</b> (mm/dd/yyyy)									
<b>21 Description of This Service:</b> You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. <b>Attachment #</b> <u>Phone Service - #1</u>										
<b>22 Entity/Entities Receiving This Service:</b> a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <u>Janesville Office - 132971</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____										
<b>23 Calculations</b>										
<b>Recurring Charges</b>					<b>Non-Recurring Charges</b>			<b>Total Charges</b>		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
50	0	50	12	600	0	0	0	600	44%	264

Entity Number <u>132971</u>	Applicant's Form Identifier <u>CESA2 2002 1A</u>
Contact Person <u>Candace Vanderlip</u>	Phone Number <u>(608) 758-6232</u>

  

## Block 5: Discount Funding Request(s)

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. →

Block 5, page 6 of 33

FRN # \_\_\_\_\_ (to be assigned by administrator)

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>Phone rates (bills) = T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone number) <span style="float: right;"><b>920 674-0666 659 1</b></span>
<b>12 Form 470 Application Number</b> (15 digits) <div style="text-align: right;"><b>578450000323389</b></div>	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <span style="float: right;"><b>12/06/2000</b></span>
<b>13 SPIN - Service Provider Identification Number</b> (9 digits) <div style="text-align: right;"><b>143001856</b></div>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19a Service Start Date</b> (mm/dd/yyyy) <span style="float: right;"><b>07/01/2001</b></span> <b>19b Service End Date</b> (mm/dd/yyyy) (use only for "T" or "MTM" services) <span style="float: right;"><b>06/30/2002</b></span>
<b>14 Service Provider Name</b> <div style="text-align: right;"><b>Ameritech</b></div>	<b>20 Contract Expiration Date</b> (mm/dd/yyyy)

**21 Description of This Service:** You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  
**Attachment #** Phone Service - #1

**22 Entity/Entities Receiving This Service:**

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : Head Start Office - 132971

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): \_\_\_\_\_

23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
48	0	48	12	576	0	0	0	576	44%	253

Entity Number <u>132971</u>	Applicant's Form Identifier <u>CESA2 2002 1A</u>
Contact Person <u>Candace Vanderlip</u>	Phone Number <u>(608) 758-6232</u>

  

## Block 5: Discount Funding Request(s)

Block 5, page 7 of 33

**Instructions:** Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  
 Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. ↑

**FRN #** \_\_\_\_\_ **(to be assigned by administrator)**

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>Phone rates (bills) = T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone number) <span style="float: right;"><b>920 563-8306 623 1</b></span>
<b>12 Form 470 Application Number</b> (15 digits) <div style="text-align: right;"><b>578450000323389</b></div>	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <span style="float: right;"><b>12/06/2000</b></span>
<b>13 SPIN - Service Provider Identification Number</b> (9 digits) <div style="text-align: right;"><b>143001856</b></div>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19a Service Start Date</b> (mm/dd/yyyy) <span style="float: right;"><b>07/01/2001</b></span> <b>19b Service End Date</b> (mm/dd/yyyy) (use only for "T" or "MTM" services) <span style="float: right;"><b>06/30/2002</b></span>
<b>14 Service Provider Name</b> <div style="text-align: right;"><b>Ameritech</b></div>	<b>20 Contract Expiration Date</b> (mm/dd/yyyy)

<b>21 Description of This Service:</b>	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. <b>Attachment #</b> <u>Phone Service - #1</u>
--	--

<b>22 Entity/Entities Receiving This Service:</b>	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <u>Fort Atkinson Office - 132971</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____
---	---

23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
<b>91</b>	<b>0</b>	<b>91</b>	<b>12</b>	<b>1092</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1092</b>	<b>44%</b>	<b>480</b>

Entity Number <u>132971</u>	Applicant's Form Identifier <u>CESA2 2002 1A</u>
Contact Person <u>Candace Vanderlip</u>	Phone Number <u>(608) 758-6232</u>

## Block 5: Discount Funding Request(s)

Block 5, page 8 of 33

**Instructions:** Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # \_\_\_\_\_ (to be assigned by administrator)

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>Phone rates (bills) = T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone number) <span style="float: right;"><b>608 741-6687 297 5</b></span>																																																					
<b>12 Form 470 Application Number</b> (15 digits) <div style="text-align: right;"><b>578450000323389</b></div>	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <span style="float: right;"><b>12/06/2000</b></span>																																																					
<b>13 SPIN - Service Provider Identification Number</b> (9 digits) <div style="text-align: right;"><b>143001856</b></div>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19a Service Start Date</b> (mm/dd/yyyy) <span style="float: right;"><b>07/01/2001</b></span> <b>19b Service End Date</b> (mm/dd/yyyy) (use only for "T" or "MTM" services) <span style="float: right;"><b>06/30/2002</b></span>																																																					
<b>14 Service Provider Name</b> <div style="text-align: right;"><b>Ameritech</b></div>	<b>20 Contract Expiration Date</b> (mm/dd/yyyy)																																																					
<b>21 Description of This Service:</b> You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. <b>Attachment #</b> <u>Phone Service - #1</u>																																																						
<b>22 Entity/Entities Receiving This Service:</b> a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <u>Janesville Office - 132971</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____																																																						
<b>23 Calculations</b> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="5">Recurring Charges</th> <th colspan="3">Non-Recurring Charges</th> <th colspan="3">Total Charges</th> </tr> <tr> <th>A</th> <th>B</th> <th>C</th> <th>D</th> <th>E</th> <th>F</th> <th>G</th> <th>H</th> <th>I</th> <th>J</th> <th>K</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Monthly \$ charges (total amount per month for service)</td> <td style="text-align: left;">How much of the \$ amount in (A) is ineligible?</td> <td style="text-align: left;">Eligible monthly pre-discount amount (A minus B)</td> <td style="text-align: left;"># of months service provided in program year</td> <td style="text-align: left;">Annual pre-discount \$ amount for eligible recurring charges (C x D)</td> <td style="text-align: left;">Annual non-recurring (one-time) \$ charges</td> <td style="text-align: left;">How much of the \$ amount in (F) is ineligible?</td> <td style="text-align: left;">Annual eligible pre-discount \$ amount for one-time charges (F minus G)</td> <td style="text-align: left;">Total program year pre-discount \$ amount (E + H)</td> <td style="text-align: left;">% discount (from Block 4 Worksheet)</td> <td style="text-align: left;">Funding Commitment \$ Request (I x J)</td> </tr> <tr> <td><b>203</b></td> <td><b>0</b></td> <td><b>203</b></td> <td><b>12</b></td> <td><b>2436</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>2436</b></td> <td><b>44%</b></td> <td><b>1072</b></td> </tr> </tbody> </table>											Recurring Charges					Non-Recurring Charges			Total Charges			A	B	C	D	E	F	G	H	I	J	K	Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)	<b>203</b>	<b>0</b>	<b>203</b>	<b>12</b>	<b>2436</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2436</b>	<b>44%</b>	<b>1072</b>
Recurring Charges					Non-Recurring Charges			Total Charges																																														
A	B	C	D	E	F	G	H	I	J	K																																												
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)																																												
<b>203</b>	<b>0</b>	<b>203</b>	<b>12</b>	<b>2436</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2436</b>	<b>44%</b>	<b>1072</b>																																												

Entity Number <u>132971</u>	Applicant's Form Identifier <u>CESA2 2002 1A</u>
Contact Person <u>Candace Vanderlip</u>	Phone Number <u>(608) 758-6232</u>

## Block 5: Discount Funding Request(s)

Block 5, page 9 of 33

**Instructions:** Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

**FRN #** \_\_\_\_\_ **(to be assigned by administrator)**

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>Phone rates (bills) = T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone number) <span style="float: right;"><b>053 172 6237 001</b></span>																																												
<b>12 Form 470 Application Number</b> (15 digits) <div style="text-align: right;"><b>578450000323389</b></div>	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <span style="float: right;"><b>12/06/2000</b></span>																																												
<b>13 SPIN - Service Provider Identification Number</b> (9 digits) <div style="text-align: right;"><b>143001192</b></div>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19a Service Start Date</b> (mm/dd/yyyy) <span style="float: right;"><b>07/01/2001</b></span> <b>19b Service End Date</b> (mm/dd/yyyy) (use only for "T" or "MTM" services) <span style="float: right;"><b>06/30/2002</b></span>																																												
<b>14 Service Provider Name</b> <span style="float: right;"><b>A T &amp; T</b></span>	<b>20 Contract Expiration Date</b> (mm/dd/yyyy)																																												
<b>21 Description of This Service:</b>	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. <b>Attachment #</b> <u>Phone Service - #1</u>																																												
<b>22 Entity/Entities Receiving This Service:</b>	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <u>Dane County Office - 132971</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____																																												
<b>23 Calculations</b> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="5">Recurring Charges</th> <th colspan="3">Non-Recurring Charges</th> <th colspan="3">Total Charges</th> </tr> <tr> <th>A</th> <th>B</th> <th>C</th> <th>D</th> <th>E</th> <th>F</th> <th>G</th> <th>H</th> <th>I</th> <th>J</th> <th>K</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Monthly \$ charges (total amount per month for service)</td> <td style="text-align: left;">How much of the \$ amount in (A) is ineligible?</td> <td style="text-align: left;">Eligible monthly pre-discount amount (A minus B)</td> <td style="text-align: left;"># of months service provided in program year</td> <td style="text-align: left;">Annual pre-discount \$ amount for eligible recurring charges (C x D)</td> <td style="text-align: left;">Annual non-recurring (one-time) \$ charges</td> <td style="text-align: left;">How much of the \$ amount in (F) is ineligible?</td> <td style="text-align: left;">Annual eligible pre-discount \$ amount for one-time charges (F minus G)</td> <td style="text-align: left;">Total program year pre-discount \$ amount (E + H)</td> <td style="text-align: left;">% discount (from Block 4 Worksheet)</td> <td style="text-align: left;">Funding Commitment \$ Request (I x J)</td> </tr> <tr> <td><b>180</b></td> <td><b>0</b></td> <td><b>180</b></td> <td><b>12</b></td> <td><b>2160</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>2160</b></td> <td><b>44%</b></td> <td><b>950</b></td> </tr> </tbody> </table>		Recurring Charges					Non-Recurring Charges			Total Charges			A	B	C	D	E	F	G	H	I	J	K	Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)	<b>180</b>	<b>0</b>	<b>180</b>	<b>12</b>	<b>2160</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2160</b>	<b>44%</b>	<b>950</b>
Recurring Charges					Non-Recurring Charges			Total Charges																																					
A	B	C	D	E	F	G	H	I	J	K																																			
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)																																			
<b>180</b>	<b>0</b>	<b>180</b>	<b>12</b>	<b>2160</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2160</b>	<b>44%</b>	<b>950</b>																																			

Entity Number <u>132971</u>	Applicant's Form Identifier <u>CESA2 2002 1A</u>
Contact Person <u>Candace Vanderlip</u>	Phone Number <u>(608) 758-6232</u>

## Block 5: Discount Funding Request(s)

Block 5, page 10 of 33

**Instructions:** Use one Block 5 page for **EACH** service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # \_\_\_\_\_ (to be assigned by administrator)

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (If available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>Phone rates (bills) = T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone number) <span style="float: right;"><b>053 208 7817 001</b></span>																																												
<b>12 Form 470 Application Number</b> (15 digits) <div style="text-align: right;"><b>578450000323389</b></div>	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <span style="float: right;"><b>12/06/2000</b></span>																																												
<b>13 SPIN - Service Provider Identification Number</b> (9 digits) <div style="text-align: right;"><b>143001192</b></div>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19a Service Start Date</b> (mm/dd/yyyy) <span style="float: right;"><b>07/01/2001</b></span> <b>19b Service End Date</b> (mm/dd/yyyy) (use only for "T" or "MTM" services) <span style="float: right;"><b>06/30/2002</b></span>																																												
<b>14 Service Provider Name</b> <span style="float: right;"><b>A T &amp; T</b></span>	<b>20 Contract Expiration Date</b> (mm/dd/yyyy)																																												
<b>21 Description of This Service:</b>	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. <b>Attachment # <u>Phone Service - #1</u></b>																																												
<b>22 Entity/Entities Receiving This Service:</b>	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <u>Milton Office - 132971</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____																																												
<b>23 Calculations</b> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="5">Recurring Charges</th> <th colspan="3">Non-Recurring Charges</th> <th colspan="3">Total Charges</th> </tr> <tr> <th>A</th> <th>B</th> <th>C</th> <th>D</th> <th>E</th> <th>F</th> <th>G</th> <th>H</th> <th>I</th> <th>J</th> <th>K</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Monthly \$ charges (total amount per month for service)</td> <td style="text-align: left;">How much of the \$ amount in (A) is ineligible?</td> <td style="text-align: left;">Eligible monthly pre-discount amount (A minus B)</td> <td style="text-align: left;"># of months service provided in program year</td> <td style="text-align: left;">Annual pre-discount \$ amount for eligible recurring charges (C x D)</td> <td style="text-align: left;">Annual non-recurring (one-time) \$ charges</td> <td style="text-align: left;">How much of the \$ amount in (F) is ineligible?</td> <td style="text-align: left;">Annual eligible pre-discount \$ amount for one-time charges (F minus G)</td> <td style="text-align: left;">Total program year pre-discount \$ amount (E + H)</td> <td style="text-align: left;">% discount (from Block 4 Worksheet)</td> <td style="text-align: left;">Funding Commitment \$ Request (I x J)</td> </tr> <tr> <td><b>106</b></td> <td><b>0</b></td> <td><b>106</b></td> <td><b>12</b></td> <td><b>1272</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>1272</b></td> <td><b>44%</b></td> <td><b>560</b></td> </tr> </tbody> </table>		Recurring Charges					Non-Recurring Charges			Total Charges			A	B	C	D	E	F	G	H	I	J	K	Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)	<b>106</b>	<b>0</b>	<b>106</b>	<b>12</b>	<b>1272</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1272</b>	<b>44%</b>	<b>560</b>
Recurring Charges					Non-Recurring Charges			Total Charges																																					
A	B	C	D	E	F	G	H	I	J	K																																			
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)																																			
<b>106</b>	<b>0</b>	<b>106</b>	<b>12</b>	<b>1272</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1272</b>	<b>44%</b>	<b>560</b>																																			

Entity Number <u>132971</u>	Applicant's Form Identifier <u>CESA2 2002 1A</u>
Contact Person <u>Candace Vanderlip</u>	Phone Number <u>(608) 758-6232</u>

  

## Block 5: Discount Funding Request(s)

Block 5, page 11 of 33

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. ↑

**FRN #** \_\_\_\_\_ **(to be assigned by administrator)**

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>Phone rates (bills) = T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone number) <span style="float: right;"><b>157 868 0005</b></span>
<b>12 Form 470 Application Number</b> (15 digits) <div style="text-align: right;"><b>578450000323389</b></div>	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <span style="float: right;"><b>12/06/2000</b></span>
<b>13 SPIN - Service Provider Identification Number</b> (9 digits) <div style="text-align: right;"><b>143001819</b></div>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19a Service Start Date</b> (mm/dd/yyyy) <span style="float: right;"><b>07/01/2001</b></span> <b>19b Service End Date</b> (mm/dd/yyyy) (use only for "T" or "MTM" services) <span style="float: right;"><b>06/30/2002</b></span>
<b>14 Service Provider Name</b> <span style="float: right;"><b>Centurytel</b></span>	<b>20 Contract Expiration Date</b> (mm/dd/yyyy)
<b>21 Description of This Service:</b> You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. <b>Attachment #</b> <u>Phone Service - #1</u>	
<b>22 Entity/Entities Receiving This Service:</b> a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <u>Milton Office - 132971</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____	

23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
<b>231</b>	<b>0</b>	<b>231</b>	<b>12</b>	<b>2772</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2772</b>	<b>44%</b>	<b>1220</b>

Entity Number 132971 Applicant's Form Identifier CESA2 2002 1A  
 Contact Person Candace Vanderlip Phone Number (608) 758-6232

## Block 5: Discount Funding Request(s)

Block 5, page 12 of 33

**Instructions:** Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

**FRN #** \_\_\_\_\_ **(to be assigned by administrator)**

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float:right"><b>Phone rates (bills) = T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone number) <span style="float:right"><b>608 868 4717</b></span>									
<b>12 Form 470 Application Number</b> (15 digits) <div style="text-align: right;"><b>578450000323389</b></div>	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <span style="float:right"><b>12/06/2000</b></span>									
<b>13 SPIN - Service Provider</b> <b>Identification Number</b> (9 digits) <div style="text-align: right;"><b>143001819</b></div>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19a Service Start Date</b> (mm/dd/yyyy) <span style="float:right"><b>07/01/2001</b></span> <b>19b Service End Date</b> (mm/dd/yyyy) (use only for "T" or "MTM" services) <span style="float:right"><b>06/30/2002</b></span>									
<b>14 Service Provider Name</b> <span style="float:right"><b>Centurytel</b></span>	<b>20 Contract Expiration Date</b> (mm/dd/yyyy)									
<b>21 Description of This Service:</b> You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. <b>Attachment #</b> <u>Phone Service - #1</u>										
<b>22 Entity/Entities Receiving This Service:</b> a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <u>Milton Office - 132971</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____										
<b>23 Calculations</b>										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
218	0	218	12	2616	0	0	0	2616	44%	1151

Entity Number <u>132971</u>	Applicant's Form Identifier <u>CESA2 2002 1A</u>
Contact Person <u>Candace Vanderlip</u>	Phone Number <u>(608) 758-6232</u>

## Block 5: Discount Funding Request(s)

Block 5, page 13 of 33

**Instructions:** Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

**FRN #** \_\_\_\_\_ **(to be assigned by administrator)**

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>Phone rates (bills) = T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone number) <span style="float: right;"><b>262 593 5979</b></span>																																												
<b>12 Form 470 Application Number</b> (15 digits) <div style="text-align: right;"><b>578450000323389</b></div>	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <span style="float: right;"><b>12/06/2000</b></span>																																												
<b>13 SPIN - Service Provider</b> <b>Identification Number</b> (9 digits) <div style="text-align: right;"><b>143001819</b></div>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19a Service Start Date</b> (mm/dd/yyyy) <span style="float: right;"><b>07/01/2001</b></span> <b>19b Service End Date</b> (mm/dd/yyyy) (use only for "T" or "MTM" services) <span style="float: right;"><b>06/30/2002</b></span>																																												
<b>14 Service Provider Name</b> <div style="text-align: right;"><b>Centurytel</b></div>	<b>20 Contract Expiration Date</b> (mm/dd/yyyy)																																												
<b>21 Description of This Service:</b>	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. <b>Attachment #</b> <u>Phone Service - #1</u>																																												
<b>22 Entity/Entities Receiving This Service:</b>	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <u>Head Start Office - 132971</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____																																												
<b>23 Calculations</b> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="5">Recurring Charges</th> <th colspan="3">Non-Recurring Charges</th> <th colspan="3">Total Charges</th> </tr> <tr> <th>A</th> <th>B</th> <th>C</th> <th>D</th> <th>E</th> <th>F</th> <th>G</th> <th>H</th> <th>I</th> <th>J</th> <th>K</th> </tr> </thead> <tbody> <tr> <td>Monthly \$ charges (total amount per month for service)</td> <td>How much of the \$ amount in (A) is ineligible?</td> <td>Eligible monthly pre-discount amount (A minus B)</td> <td># of months service provided in program year</td> <td>Annual pre-discount \$ amount for eligible recurring charges (C x D)</td> <td>Annual non-recurring (one-time) \$ charges</td> <td>How much of the \$ amount in (F) is ineligible?</td> <td>Annual eligible pre-discount \$ amount for one-time charges (F minus G)</td> <td>Total program year pre-discount \$ amount (E + H)</td> <td>% discount (from Block 4 Worksheet)</td> <td>Funding Commitment \$ Request (I x J)</td> </tr> <tr> <td><b>81</b></td> <td><b>0</b></td> <td><b>81</b></td> <td><b>12</b></td> <td><b>972</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>972</b></td> <td><b>44%</b></td> <td><b>428</b></td> </tr> </tbody> </table>		Recurring Charges					Non-Recurring Charges			Total Charges			A	B	C	D	E	F	G	H	I	J	K	Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)	<b>81</b>	<b>0</b>	<b>81</b>	<b>12</b>	<b>972</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>972</b>	<b>44%</b>	<b>428</b>
Recurring Charges					Non-Recurring Charges			Total Charges																																					
A	B	C	D	E	F	G	H	I	J	K																																			
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)																																			
<b>81</b>	<b>0</b>	<b>81</b>	<b>12</b>	<b>972</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>972</b>	<b>44%</b>	<b>428</b>																																			

Entity Number <u>132971</u>	Applicant's Form Identifier <u>CESA2 2002 1A</u>
Contact Person <u>Candace Vanderlip</u>	Phone Number <u>(608) 758-6232</u>

  

## Block 5: Discount Funding Request(s)

**Instructions:** Use one Block 5 page for **EACH** service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page 14 of 33

FRN # \_\_\_\_\_ (to be assigned by administrator)

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>Phone rates (bills) = T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone number) <span style="float: right;"><b>3681861</b></span>
<b>12 Form 470 Application Number</b> (15 digits) <div style="text-align: right;"><b>578450000323389</b></div>	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <span style="float: right;"><b>12/6/2000</b></span>
<b>13 SPIN - Service Provider Identification Number</b> (9 digits) <div style="text-align: right;"><b>143000074</b></div>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19a Service Start Date</b> (mm/dd/yyyy) <span style="float: right;"><b>07/01/2001</b></span> <b>19b Service End Date</b> (mm/dd/yyyy) (use only for "T" or "MTM" services) <span style="float: right;"><b>06/30/2002</b></span>
<b>14 Service Provider Name</b> <span style="float: right;"><b>Mc Leod USA</b></span>	<b>20 Contract Expiration Date</b> (mm/dd/yyyy)

**21 Description of This Service:** You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  
 Attachment # Phone Service - #1

**22 Entity/Entities Receiving This Service:**

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : Janesville Office

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): \_\_\_\_\_

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
<b>157</b>	<b>0</b>	<b>157</b>	<b>12</b>	<b>1884</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1884</b>	<b>44%</b>	<b>829</b>

Entity Number 132971 Applicant's Form Identifier CESA2 2002 1A  
 Contact Person Candace Vanderlip Phone Number (608) 758-6232

## Block 5: Discount Funding Request(s)

Block 5, page 15 of 33

**Instructions:** Use one Block 5 page for **EACH** service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # \_\_\_\_\_ (to be assigned by administrator)

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections					<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)		<b>Phone rates (bills) = T</b>			
					<b>16 Billing Account Number</b> (e.g., billed telephone number)		<b>16483</b>			
<b>12 Form 470 Application Number</b> (15 digits) <b>578450000323389</b>					<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing)		<b>12/06/2000</b>			
<b>13 SPIN - Service Provider Identification Number</b> (9 digits) <b>143001117</b>					<b>18 Contract Award Date</b> (mm/dd/yyyy)					
					<b>19a Service Start Date</b> (mm/dd/yyyy)		<b>07/01/2001</b>			
					<b>19b Service End Date</b> (mm/dd/yyyy) (use only for "T" or "MTM" services)		<b>06/30/2002</b>			
<b>14 Service Provider Name</b> <b>Powercom</b>					<b>20 Contract Expiration Date</b> (mm/dd/yyyy)					
<b>21 Description of This Service:</b>		You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. <b>Attachment #</b> <u>Phone Service - #1</u>								
<b>22 Entity/Entities Receiving This Service:</b>		<b>a.</b> If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <u>Milton Office - 132971</u> <b>b.</b> If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____								
<b>23 Calculations</b>										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
100	0	100	12	1200	0	0	0	1200	44%	528

Entity Number	132971	Applicant's Form Identifier	CESA2 2002 1A
Contact Person	Candace Vanderlip	Phone Number	(608) 758-6232

  

## Block 5: Discount Funding Request(s)

**Instructions:** Use one Block 5 page for **EACH** service (Funding Request Number) for which you are requesting discounts.  
 Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page 16 of 33

**FRN #** \_\_\_\_\_ **(to be assigned by administrator)**

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>Phone rates (bills) = T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone number) <span style="float: right;"><b>16485</b></span>
<b>12 Form 470 Application Number</b> (15 digits) <div style="text-align: right;"><b>578450000323389</b></div>	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <span style="float: right;"><b>12/06/2000</b></span>
<b>13 SPIN - Service Provider Identification Number</b> (9 digits) <div style="text-align: right;"><b>143001117</b></div>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19a Service Start Date</b> (mm/dd/yyyy) <span style="float: right;"><b>07/01/2001</b></span> <b>19b Service End Date</b> (mm/dd/yyyy) (use only for "T" or "MTM" services) <span style="float: right;"><b>06/30/2002</b></span>
<b>14 Service Provider Name</b> <span style="float: right;"><b>Powercom</b></span>	<b>20 Contract Expiration Date</b> (mm/dd/yyyy)

**21 Description of This Service:**

You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.

**Attachment #** Phone Service - #1

**22 Entity/Entities Receiving This Service:**

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : Head Start Office - 132971

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): \_\_\_\_\_

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
<b>37</b>	<b>0</b>	<b>37</b>	<b>12</b>	<b>444</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>444</b>	<b>44%</b>	<b>195</b>

Entity Number <u>132971</u>	Applicant's Form Identifier <u>CESA2 2002 1A</u>
Contact Person <u>Candace Vanderlip</u>	Phone Number <u>(608) 758-6232</u>

## Block 5: Discount Funding Request(s)

Block 5, page 17 of 33

**Instructions:** Use one Block 5 page for **EACH** service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

**FRN #** \_\_\_\_\_ **(to be assigned by administrator)**

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>Phone rates (bills) = T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone number) <span style="float: right;"><b>16486</b></span>																																												
<b>12 Form 470 Application Number</b> (15 digits) <div style="text-align: right;"><b>578450000323389</b></div>	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <span style="float: right;"><b>12/06/2000</b></span>																																												
<b>13 SPIN - Service Provider Identification Number</b> (9 digits) <div style="text-align: right;"><b>143001117</b></div>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19a Service Start Date</b> (mm/dd/yyyy) <span style="float: right;"><b>07/01/2001</b></span> <b>19b Service End Date</b> (mm/dd/yyyy) (use only for "T" or "MTM" services) <span style="float: right;"><b>06/30/2002</b></span>																																												
<b>14 Service Provider Name</b> <div style="text-align: right;"><b>Powercom</b></div>	<b>20 Contract Expiration Date</b> (mm/dd/yyyy)																																												
<b>21 Description of This Service:</b>	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. <b>Attachment #</b> <u>Phone Service - #1</u>																																												
<b>22 Entity/Entities Receiving This Service:</b>	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <u>Head Start Office - 132971</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____																																												
<b>23 Calculations</b> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="5">Recurring Charges</th> <th colspan="3">Non-Recurring Charges</th> <th colspan="3">Total Charges</th> </tr> <tr> <th>A</th> <th>B</th> <th>C</th> <th>D</th> <th>E</th> <th>F</th> <th>G</th> <th>H</th> <th>I</th> <th>J</th> <th>K</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Monthly \$ charges (total amount per month for service)</td> <td style="text-align: left;">How much of the \$ amount in (A) is ineligible?</td> <td style="text-align: left;">Eligible monthly pre-discount amount (A minus B)</td> <td style="text-align: left;"># of months service provided in program year</td> <td style="text-align: left;">Annual pre-discount \$ amount for eligible recurring charges (C x D)</td> <td style="text-align: left;">Annual non-recurring (one-time) \$ charges</td> <td style="text-align: left;">How much of the \$ amount in (F) is ineligible?</td> <td style="text-align: left;">Annual eligible pre-discount \$ amount for one-time charges (F minus G)</td> <td style="text-align: left;">Total program year pre-discount \$ amount (E + H)</td> <td style="text-align: left;">% discount (from Block 4 Worksheet)</td> <td style="text-align: left;">Funding Commitment \$ Request (I x J)</td> </tr> <tr> <td><b>41</b></td> <td><b>0</b></td> <td><b>41</b></td> <td><b>12</b></td> <td><b>492</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>492</b></td> <td><b>44%</b></td> <td><b>216</b></td> </tr> </tbody> </table>		Recurring Charges					Non-Recurring Charges			Total Charges			A	B	C	D	E	F	G	H	I	J	K	Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)	<b>41</b>	<b>0</b>	<b>41</b>	<b>12</b>	<b>492</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>492</b>	<b>44%</b>	<b>216</b>
Recurring Charges					Non-Recurring Charges			Total Charges																																					
A	B	C	D	E	F	G	H	I	J	K																																			
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)																																			
<b>41</b>	<b>0</b>	<b>41</b>	<b>12</b>	<b>492</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>492</b>	<b>44%</b>	<b>216</b>																																			

Entity Number <u>132971</u>	Applicant's Form Identifier <u>CESA2 2002 1A</u>	
Contact Person <u>Candace Vanderlip</u>	Phone Number <u>(608) 758-6232</u>	

  

## Block 5: Discount Funding Request(s)

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page 18 of 33

FRN # \_\_\_\_\_ (to be assigned by administrator)

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>Phone rates (bills) = T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone number) <span style="float: right;"><b>16487</b></span>
<b>12 Form 470 Application Number</b> (15 digits) <div style="text-align: right;"><b>578450000323389</b></div>	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <span style="float: right;"><b>12/06/2000</b></span>
<b>13 SPIN - Service Provider Identification Number</b> (9 digits) <div style="text-align: right;"><b>143001117</b></div>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19a Service Start Date</b> (mm/dd/yyyy) <span style="float: right;"><b>07/01/2001</b></span> <b>19b Service End Date</b> (mm/dd/yyyy) (use only for "T" or "MTM" services) <span style="float: right;"><b>06/30/2002</b></span>
<b>14 Service Provider Name</b> <span style="float: right;"><b>Powercom</b></span>	<b>20 Contract Expiration Date</b> (mm/dd/yyyy)

**21 Description of This Service:**

You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.

Attachment # Phone Service - #1

**22 Entity/Entities Receiving This Service:**

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : Head Start Office - 132971

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): \_\_\_\_\_

23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
<b>37</b>	<b>0</b>	<b>37</b>	<b>12</b>	<b>444</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>444</b>	<b>44%</b>	<b>195</b>

Entity Number 132971 Applicant's Form Identifier CESA2 2002 1A  
 Contact Person Candace Vanderlip Phone Number (608) 758-6232

## Block 5: Discount Funding Request(s)

Block 5, page 19 of 33

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # \_\_\_\_\_ (to be assigned by administrator)

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>Phone rates (bills) = T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone number) <span style="float: right;"><b>16488</b></span>									
<b>12 Form 470 Application Number</b> (15 digits) <div style="text-align: right;"><b>578450000323389</b></div>	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <span style="float: right;"><b>12/06/2000</b></span>									
<b>13 SPIN - Service Provider Identification Number</b> (9 digits) <div style="text-align: right;"><b>143001117</b></div>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19a Service Start Date</b> (mm/dd/yyyy) <span style="float: right;"><b>07/01/2001</b></span> <b>19b Service End Date</b> (mm/dd/yyyy) (use only for "T" or "MTM" services) <span style="float: right;"><b>06/30/2002</b></span>									
<b>14 Service Provider Name</b> <span style="float: right;"><b>Powercom</b></span>	<b>20 Contract Expiration Date</b> (mm/dd/yyyy)									
<b>21 Description of This Service:</b> You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. <b>Attachment #</b> <u>Phone Service - #1</u>										
<b>22 Entity/Entities Receiving This Service:</b> a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <u>Head Start Office - 132971</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____										
<b>23 Calculations</b>										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
122	0	122	12	1464	0	0	0	1464	44%	644

## Block 5: Discount Funding Request(s)

Block 5, page 20 of 33

**Instructions:** Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

**FRN #** \_\_\_\_\_ **(to be assigned by administrator)**

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>Phone rates (bills) = T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone number) <span style="float: right;"><b>16489</b></span>									
<b>12 Form 470 Application Number</b> (15 digits) <div style="text-align: right;"><b>578450000323389</b></div>	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <span style="float: right;"><b>12/06/2000</b></span>									
<b>13 SPIN - Service Provider Identification Number</b> (9 digits) <div style="text-align: right;"><b>143001117</b></div>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19a Service Start Date</b> (mm/dd/yyyy) <span style="float: right;"><b>07/01/2001</b></span> <b>19b Service End Date</b> (mm/dd/yyyy) (use only for "T" or "MTM" services) <span style="float: right;"><b>06/30/2002</b></span>									
<b>14 Service Provider Name</b> <span style="float: right;"><b>Powercom</b></span>	<b>20 Contract Expiration Date</b> (mm/dd/yyyy)									
<b>21 Description of This Service:</b> You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. <b>Attachment #</b> <u>Phone Service - #1</u>										
<b>22 Entity/Entities Receiving This Service:</b> a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <u>Salem Office - 132971</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____										
<b>23 Calculations</b>										
<b>Recurring Charges</b>					<b>Non-Recurring Charges</b>			<b>Total Charges</b>		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
<b>138</b>	<b>0</b>	<b>138</b>	<b>12</b>	<b>1656</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1656</b>	<b>44%</b>	<b>729</b>

Entity Number 132971 Applicant's Form Identifier CESA2 2002 1A  
 Contact Person Candace Vanderlip Phone Number (608) 758-6232

## Block 5: Discount Funding Request(s)

Block 5, page 21 of 33

**Instructions:** Use one Block 5 page for **EACH** service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # \_\_\_\_\_ (to be assigned by administrator)

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>Phone rates (bills) = T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone number) <span style="float: right;"><b>16490</b></span>									
<b>12 Form 470 Application Number</b> (15 digits) <div style="text-align: right;"><b>578450000323389</b></div>	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <span style="float: right;"><b>12/06/2000</b></span>									
<b>13 SPIN - Service Provider Identification Number</b> (9 digits) <div style="text-align: right;"><b>143001117</b></div>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19a Service Start Date</b> (mm/dd/yyyy) <span style="float: right;"><b>07/01/2001</b></span> <b>19b Service End Date</b> (mm/dd/yyyy) (use only for "T" or "MTM" services) <span style="float: right;"><b>06/30/2002</b></span>									
<b>14 Service Provider Name</b> <span style="float: right;"><b>Powercom</b></span>	<b>20 Contract Expiration Date</b> (mm/dd/yyyy)									
<b>21 Description of This Service:</b> You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>Phone Service - #1</u>										
<b>22 Entity/Entities Receiving This Service:</b> a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <u>Janesville Office - 132971</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____										
<b>23 Calculations</b>										
<b>Recurring Charges</b>					<b>Non-Recurring Charges</b>			<b>Total Charges</b>		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
51	0	51	12	612	0	0	0	612	44%	269

## Block 5: Discount Funding Request(s)

Block 5, page 22 of 33

**Instructions:** Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # \_\_\_\_\_ (to be assigned by administrator)

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>Phone rates (bills) = T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone number) <span style="float: right;"><b>16491</b></span>									
<b>12 Form 470 Application Number</b> (15 digits) <div style="text-align: right;"><b>578450000323389</b></div>	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <span style="float: right;"><b>12/06/2000</b></span>									
<b>13 SPIN - Service Provider Identification Number</b> (9 digits) <div style="text-align: right;"><b>143001117</b></div>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19a Service Start Date</b> (mm/dd/yyyy) <span style="float: right;"><b>07/01/2001</b></span> <b>19b Service End Date</b> (mm/dd/yyyy) (use only for "T" or "MTM" services) <span style="float: right;"><b>06/30/2002</b></span>									
<b>14 Service Provider Name</b> <div style="text-align: right;"><b>Powercom</b></div>	<b>20 Contract Expiration Date</b> (mm/dd/yyyy)									
<b>21 Description of This Service:</b> You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. <b>Attachment #</b> <u>Phone Service - #1</u>										
<b>22 Entity/Entities Receiving This Service:</b> a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <u>Dane County Office - 132971</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____										
<b>23 Calculations</b>										
<b>Recurring Charges</b>					<b>Non-Recurring Charges</b>			<b>Total Charges</b>		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
17	0	17	12	204	0	0	0	204	44%	90

## Block 5: Discount Funding Request(s)

Block 5, page 23 of 33

**Instructions:** Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

**FRN #** \_\_\_\_\_ **(to be assigned by administrator)**

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>Phone rates (bills) = T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone number) <span style="float: right;"><b>17526</b></span>																																												
<b>12 Form 470 Application Number</b> (15 digits) <div style="text-align: right;"><b>578450000323389</b></div>	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <span style="float: right;"><b>12/06/2000</b></span>																																												
<b>13 SPIN - Service Provider Identification Number</b> (9 digits) <div style="text-align: right;"><b>143001117</b></div>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19a Service Start Date</b> (mm/dd/yyyy) <span style="float: right;"><b>07/01/2001</b></span> <b>19b Service End Date</b> (mm/dd/yyyy) (use only for "T" or "MTM" services) <span style="float: right;"><b>06/30/2002</b></span>																																												
<b>14 Service Provider Name</b> <span style="float: right;"><b>Powercom</b></span>	<b>20 Contract Expiration Date</b> (mm/dd/yyyy)																																												
<b>21 Description of This Service:</b>	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. <b>Attachment #</b> <u>Phone Service - #1</u>																																												
<b>22 Entity/Entities Receiving This Service:</b>	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <u>Janesville Office - 132971</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____																																												
<b>23 Calculations</b> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="5">Recurring Charges</th> <th colspan="3">Non-Recurring Charges</th> <th colspan="3">Total Charges</th> </tr> <tr> <th>A</th> <th>B</th> <th>C</th> <th>D</th> <th>E</th> <th>F</th> <th>G</th> <th>H</th> <th>I</th> <th>J</th> <th>K</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Monthly \$ charges (total amount per month for service)</td> <td style="text-align: left;">How much of the \$ amount in (A) is ineligible?</td> <td style="text-align: left;">Eligible monthly pre-discount amount (A minus B)</td> <td style="text-align: left;"># of months service provided in program year</td> <td style="text-align: left;">Annual pre-discount \$ amount for eligible recurring charges (C x D)</td> <td style="text-align: left;">Annual non-recurring (one-time) \$ charges</td> <td style="text-align: left;">How much of the \$ amount in (F) is ineligible?</td> <td style="text-align: left;">Annual eligible pre-discount \$ amount for one-time charges (F minus G)</td> <td style="text-align: left;">Total program year pre-discount \$ amount (E + H)</td> <td style="text-align: left;">% discount (from Block 4 Worksheet)</td> <td style="text-align: left;">Funding Commitment \$ Request (I x J)</td> </tr> <tr> <td><b>16</b></td> <td><b>0</b></td> <td><b>16</b></td> <td><b>12</b></td> <td><b>192</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>192</b></td> <td><b>44%</b></td> <td><b>84</b></td> </tr> </tbody> </table>		Recurring Charges					Non-Recurring Charges			Total Charges			A	B	C	D	E	F	G	H	I	J	K	Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)	<b>16</b>	<b>0</b>	<b>16</b>	<b>12</b>	<b>192</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>192</b>	<b>44%</b>	<b>84</b>
Recurring Charges					Non-Recurring Charges			Total Charges																																					
A	B	C	D	E	F	G	H	I	J	K																																			
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)																																			
<b>16</b>	<b>0</b>	<b>16</b>	<b>12</b>	<b>192</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>192</b>	<b>44%</b>	<b>84</b>																																			

Entity Number 132971 Applicant's Form Identifier CESA2 2002 1A  
 Contact Person Candace Vanderlip Phone Number (608) 758-6232

## Block 5: Discount Funding Request(s)

Block 5, page 24 of 33

**Instructions:** Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # \_\_\_\_\_ (to be assigned by administrator)

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>Phone rates (bills) = T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone number) <span style="float: right;"><b>360004725</b></span>																																																					
<b>12 Form 470 Application Number</b> (15 digits) <span style="float: right;"><b>578450000323389</b></span>	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <span style="float: right;"><b>12/06/2000</b></span>																																																					
<b>13 SPIN - Service Provider Identification Number</b> (9 digits) <span style="float: right;"><b>143001044</b></span>	<b>18 Contract Award Date</b> (mm/dd/yyyy)																																																					
	<b>19a Service Start Date</b> (mm/dd/yyyy) <span style="float: right;"><b>07/01/2001</b></span>																																																					
	<b>19b Service End Date</b> (mm/dd/yyyy) (use only for "T" or "MTM" services) <span style="float: right;"><b>06/30/2002</b></span>																																																					
<b>14 Service Provider Name</b> <span style="float: right;"><b>US Cellular</b></span>	<b>20 Contract Expiration Date</b> (mm/dd/yyyy)																																																					
<b>21 Description of This Service:</b> You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. <b>Attachment #</b> <u>Phone Service - #1</u>																																																						
<b>22 Entity/Entities Receiving This Service:</b> a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <u>Milton Office - 132971</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet-number (e.g., A-1): _____																																																						
<b>23 Calculations</b> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="5">Recurring Charges</th> <th colspan="3">Non-Recurring Charges</th> <th colspan="3">Total Charges</th> </tr> <tr> <th>A</th> <th>B</th> <th>C</th> <th>D</th> <th>E</th> <th>F</th> <th>G</th> <th>H</th> <th>I</th> <th>J</th> <th>K</th> </tr> </thead> <tbody> <tr> <td>Monthly \$ charges (total amount per month for service)</td> <td>How much of the \$ amount in (A) is ineligible?</td> <td>Eligible monthly pre-discount amount (A minus B)</td> <td># of months service provided in program year</td> <td>Annual pre-discount \$ amount for eligible recurring charges (C x D)</td> <td>Annual non-recurring (one-time) \$ charges</td> <td>How much of the \$ amount in (F) is ineligible?</td> <td>Annual eligible pre-discount \$ amount for one-time charges (F minus G)</td> <td>Total program year pre-discount \$ amount (E + H)</td> <td>% discount (from Block 4 Worksheet)</td> <td>Funding Commitment \$ Request (I x J)</td> </tr> <tr> <td><b>900</b></td> <td><b>0</b></td> <td><b>900</b></td> <td><b>12</b></td> <td><b>10,800</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>10,800</b></td> <td><b>44%</b></td> <td><b>4752</b></td> </tr> </tbody> </table>											Recurring Charges					Non-Recurring Charges			Total Charges			A	B	C	D	E	F	G	H	I	J	K	Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)	<b>900</b>	<b>0</b>	<b>900</b>	<b>12</b>	<b>10,800</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>10,800</b>	<b>44%</b>	<b>4752</b>
Recurring Charges					Non-Recurring Charges			Total Charges																																														
A	B	C	D	E	F	G	H	I	J	K																																												
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)																																												
<b>900</b>	<b>0</b>	<b>900</b>	<b>12</b>	<b>10,800</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>10,800</b>	<b>44%</b>	<b>4752</b>																																												

## Block 5: Discount Funding Request(s)

Block 5, page 25 of 33

**Instructions:** Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

**FRN #** \_\_\_\_\_ **(to be assigned by administrator)**

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>Phone rates (bills) = T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone number) <span style="float: right;"><b>166708279500280900</b></span>									
<b>12 Form 470 Application Number</b> (15 digits) <div style="text-align: right;"><b>578450000323389</b></div>	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <span style="float: right;"><b>12/6/2000</b></span>									
<b>13 SPIN - Service Provider Identification Number</b> (9 digits) <div style="text-align: right;"><b>143004791</b></div>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19a Service Start Date</b> (mm/dd/yyyy) <span style="float: right;"><b>07/01/2001</b></span> <b>19b Service End Date</b> (mm/dd/yyyy) (use only for "T" or "MTM" services) <span style="float: right;"><b>06/30/2002</b></span>									
<b>14 Service Provider Name</b> <span style="float: right;"><b>Verizon North Incorporated</b></span>	<b>20 Contract Expiration Date</b> (mm/dd/yyyy)									
<b>21 Description of This Service:</b> You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. <b>Attachment #</b> <u>Phone Service - #1</u>										
<b>22 Entity/Entities Receiving This Service:</b> a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <u>Salem Office</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____										
<b>23 Calculations</b>										
<b>Recurring Charges</b>					<b>Non-Recurring Charges</b>			<b>Total Charges</b>		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
192	0	192	12	2304	0	0	0	2304	44%	1014

Entity Number 132971 Applicant's Form Identifier CESA2 2002 1A  
 Contact Person Candace Vanderlip Phone Number (608) 758-6232

## Block 5: Discount Funding Request(s)

Block 5, page 26 of 33

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # \_\_\_\_\_ (to be assigned by administrator)

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>Phone rates (bills) = T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone number) <span style="float: right;"><b>166840270217696800</b></span>																																												
<b>12 Form 470 Application Number</b> (15 digits) <div style="text-align: right;"><b>578450000323389</b></div>	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <span style="float: right;"><b>12/6/2000</b></span>																																												
<b>13 SPIN - Service Provider Identification Number</b> (9 digits) <div style="text-align: right;"><b>143004791</b></div>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19a Service Start Date</b> (mm/dd/yyyy) <span style="float: right;"><b>07/01/2001</b></span> <b>19b Service End Date</b> (mm/dd/yyyy) (use only for "T" or "MTM" services) <span style="float: right;"><b>06/30/2002</b></span>																																												
<b>14 Service Provider Name</b> <span style="float: right;"><b>Verizon North Incorporated</b></span>	<b>20 Contract Expiration Date</b> (mm/dd/yyyy)																																												
<b>21 Description of This Service:</b> You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>Phone Service - #1</u>																																													
<b>22 Entity/Entities Receiving This Service:</b> a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <u>Head Start Office</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____																																													
<b>23 Calculations</b> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="5">Recurring Charges</th> <th colspan="3">Non-Recurring Charges</th> <th colspan="3">Total Charges</th> </tr> <tr> <th>A</th> <th>B</th> <th>C</th> <th>D</th> <th>E</th> <th>F</th> <th>G</th> <th>H</th> <th>I</th> <th>J</th> <th>K</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Monthly \$ charges (total amount per month for service)</td> <td style="text-align: left;">How much of the \$ amount in (A) is ineligible?</td> <td style="text-align: left;">Eligible monthly pre-discount amount (A minus B)</td> <td style="text-align: left;"># of months service provided in program year</td> <td style="text-align: left;">Annual pre-discount \$ amount for eligible recurring charges (C x D)</td> <td style="text-align: left;">Annual non-recurring (one-time) \$ charges</td> <td style="text-align: left;">How much of the \$ amount in (F) is ineligible?</td> <td style="text-align: left;">Annual eligible pre-discount \$ amount for one-time charges (F minus G)</td> <td style="text-align: left;">Total program year pre-discount \$ amount (E + H)</td> <td style="text-align: left;">% discount (from Block 4 Worksheet)</td> <td style="text-align: left;">Funding Commitment \$ Request (I x J)</td> </tr> <tr> <td><b>99</b></td> <td><b>0</b></td> <td><b>99</b></td> <td><b>12</b></td> <td><b>1188</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>1188</b></td> <td><b>44%</b></td> <td><b>523</b></td> </tr> </tbody> </table>		Recurring Charges					Non-Recurring Charges			Total Charges			A	B	C	D	E	F	G	H	I	J	K	Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)	<b>99</b>	<b>0</b>	<b>99</b>	<b>12</b>	<b>1188</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1188</b>	<b>44%</b>	<b>523</b>
Recurring Charges					Non-Recurring Charges			Total Charges																																					
A	B	C	D	E	F	G	H	I	J	K																																			
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)																																			
<b>99</b>	<b>0</b>	<b>99</b>	<b>12</b>	<b>1188</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1188</b>	<b>44%</b>	<b>523</b>																																			

Entity Number 132971 Applicant's Form Identifier CESA2 2002 1A  
 Contact Person Candace Vanderlip Phone Number (608) 758-6232

## Block 5: Discount Funding Request(s)

Block 5, page 27 of 33

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # \_\_\_\_\_ (to be assigned by administrator)

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections					<b>15 Contract Number</b> (If available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)					<b>Phone rates (bills) = T</b>	
					<b>16 Billing Account Number</b> (e.g., billed telephone number)					<b>166820271422166104</b>	
<b>12 Form 470 Application Number</b> (15 digits) <b>578450000323389</b>					<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing)					<b>12/6/2000</b>	
<b>13 SPIN - Service Provider Identification Number</b> (9 digits) <b>143004791</b>					<b>18 Contract Award Date</b> (mm/dd/yyyy)						
					<b>19a Service Start Date</b> (mm/dd/yyyy)					<b>07/01/2001</b>	
					<b>19b Service End Date</b> (mm/dd/yyyy) (use only for "T" or "MTM" services)					<b>06/30/2002</b>	
<b>14 Service Provider Name</b> <b>Verizon North Incorporated</b>					<b>20 Contract Expiration Date</b> (mm/dd/yyyy)						
<b>21 Description of This Service:</b>		You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. <b>Attachment #</b> <u>Phone Service - #1</u>									
<b>22 Entity/Entities Receiving This Service:</b>		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <u>Head Start Office</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____									
<b>23 Calculations</b>											
<b>Recurring Charges</b>					<b>Non-Recurring Charges</b>			<b>Total Charges</b>			
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>	
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)	
178	0	178	12	2136	0	0	0	2136	44%	940	

Entity Number 132971 Applicant's Form Identifier CESA2 2002 1A  
 Contact Person Candace Vanderlip Phone Number (608) 758-6232

## Block 5: Discount Funding Request(s)

Block 5, page 28 of 33

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # \_\_\_\_\_ (to be assigned by administrator)

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections				<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)		<b>Phone rates (bills) = T</b>				
				<b>16 Billing Account Number</b> (e.g., billed telephone number)		<b>166820279514098508</b>				
<b>12 Form 470 Application Number</b> (15 digits) <b>578450000323389</b>				<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing)		<b>12/6/2000</b>				
<b>13 SPIN - Service Provider Identification Number</b> (9 digits) <b>143004791</b>				<b>18 Contract Award Date</b> (mm/dd/yyyy)						
				<b>19a Service Start Date</b> (mm/dd/yyyy)		<b>07/01/2001</b>				
				<b>19b Service End Date</b> (mm/dd/yyyy) (use only for "T" or "MTM" services)		<b>06/30/2002</b>				
<b>14 Service Provider Name</b> <b>Verizon North Incorporated</b>				<b>20 Contract Expiration Date</b> (mm/dd/yyyy)						
<b>21 Description of This Service:</b>		You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. <b>Attachment #</b> <u>Phone Service - #1</u>								
<b>22 Entity/Entities Receiving This Service:</b>		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <u>Salem Office</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____								
<b>23 Calculations</b>										
<b>Recurring Charges</b>					<b>Non-Recurring Charges</b>			<b>Total Charges</b>		
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
125	0	125	12	1500	0	0	0	1500	44%	660

Entity Number <u>132971</u>	Applicant's Form Identifier <u>CESA2 2002 1A</u>
Contact Person <u>Candace Vanderlip</u>	Phone Number <u>(608) 758-6232</u>

  

## Block 5: Discount Funding Request(s)

Block 5, page 29 of 33

**Instructions:** Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. ↑

**FRN #** \_\_\_\_\_ **(to be assigned by administrator)**

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>Phone rates (bills) = T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone number) <span style="float: right;"><b>166775273924112703</b></span>
<b>12 Form 470 Application Number</b> (15 digits) <span style="float: right;"><b>578450000323389</b></span>	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <span style="float: right;"><b>12/6/2000</b></span>
<b>13 SPIN - Service Provider Identification Number</b> (9 digits) <span style="float: right;"><b>143004791</b></span>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19a Service Start Date</b> (mm/dd/yyyy) <span style="float: right;"><b>07/01/2001</b></span> <b>19b Service End Date</b> (mm/dd/yyyy) (use only for "T" or "MTM" services) <span style="float: right;"><b>06/30/2002</b></span>
<b>14 Service Provider Name</b> <span style="float: right;"><b>Verizon North Incorporated</b></span>	<b>20 Contract Expiration Date</b> (mm/dd/yyyy)

**21 Description of This Service:** You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  
**Attachment #** Phone Service - #1

**22 Entity/Entities Receiving This Service:**

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : Dane County Office

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): \_\_\_\_\_

23 Calculations					Recurring Charges			Non-Recurring Charges			Total Charges	
A	B	C	D	E	F	G	H	I	J	K		
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)		
128	0	128	12	1536	0	0	0	1536	44%	676		

Entity Number 132971 Applicant's Form Identifier CESA2 2002 1A  
 Contact Person Candace Vanderlip Phone Number (608) 758-6232

## Block 5: Discount Funding Request(s)

Block 5, page 30 of 33

**Instructions:** Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # \_\_\_\_\_ (to be assigned by administrator)

<b>11 Category of Service</b> (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input checked="" type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>Phone rates (bills) = T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone number) <span style="float: right;"><b>0002813890</b></span>									
<b>12 Form 470 Application Number</b> (15 digits) <div style="text-align: right;"><b>578450000323389</b></div>	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <span style="float: right;"><b>12/06/2000</b></span>									
<b>13 SPIN - Service Provider Identification Number</b> (9 digits) <div style="text-align: right;"><b>143003952</b></div>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19a Service Start Date</b> (mm/dd/yyyy) <span style="float: right;"><b>07/01/2001</b></span> <b>19b Service End Date</b> (mm/dd/yyyy) (use only for "T" or "MTM" services) <span style="float: right;"><b>06/30/2002</b></span>									
<b>14 Service Provider Name</b> <b>Chorus Communications Group LTD</b>	<b>20 Contract Expiration Date</b> (mm/dd/yyyy)									
<b>21 Description of This Service:</b> You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. <b>Attachment #</b> <u>Internet Service - #1</u>										
<b>22 Entity/Entities Receiving This Service:</b> a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <u>Dane County Office - 132971</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____										
<b>23 Calculations</b>										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
15	0	15	12	180	0	0	0	180	44%	79

Entity Number <u>132971</u>	Applicant's Form Identifier <u>CESA2 2002 1A</u>	
Contact Person <u>Candace Vanderlip</u>	Phone Number <u>(608) 758-6232</u>	

  

## Block 5: Discount Funding Request(s)

**Instructions:** Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page 31 of 33

FRN # \_\_\_\_\_ (to be assigned by administrator)

<b>11 Category of Service</b> (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input checked="" type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>Phone rates (bills) = T</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone number) <span style="float: right;"><b>0003206467</b></span>
<b>12 Form 470 Application Number</b> (15 digits) <div style="text-align: right;"><b>578450000323389</b></div>	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <span style="float: right;"><b>12/06/2000</b></span>
<b>13 SPIN - Service Provider Identification Number</b> (9 digits) <div style="text-align: right;"><b>143003952</b></div>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>19a Service Start Date</b> (mm/dd/yyyy) <span style="float: right;"><b>07/01/2001</b></span> <b>19b Service End Date</b> (mm/dd/yyyy) (use only for "T" or "MTM" services) <span style="float: right;"><b>06/30/2002</b></span>
<b>14 Service Provider Name</b> <b>Chorus Communications Group LTD</b>	<b>20 Contract Expiration Date</b> (mm/dd/yyyy)

**21 Description of This Service:**    You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  
 Attachment # Internet Service - #1

**22 Entity/Entities Receiving This Service:**   
 a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : Dane County Office - 132971  
 b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): \_\_\_\_\_

23 Calculations										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
<b>13</b>	<b>0</b>	<b>13</b>	<b>12</b>	<b>156</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>156</b>	<b>44%</b>	<b>69</b>

Entity Number 132971 Applicant's Form Identifier CESA2 2002 1A  
 Contact Person Candace Vanderlip Phone Number (608) 758-6232

## Block 5: Discount Funding Request(s)

Block 5, page 32 of 33

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # \_\_\_\_\_ (to be assigned by administrator)

<b>11 Category of Service</b> (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input checked="" type="radio"/> Internet Access <input type="radio"/> Internal Connections				<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in instructions) <b>CESA02-0102-g</b>						
				<b>16 Billing Account Number</b> (e.g., billed telephone number) <b>CESA021</b>						
<b>12 Form 470 Application Number</b> (15 digits) <b>578450000323389</b>				<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <b>12/06/2000</b>						
<b>13 SPIN - Service Provider Identification Number</b> (9 digits) <b>143004351</b>				<b>18 Contract Award Date</b> (mm/dd/yyyy)						
				<b>19a Service Start Date</b> (mm/dd/yyyy) <b>07/01/2001</b>						
				<b>19b Service End Date</b> (mm/dd/yyyy) (use only for "T" or "MTM" services) <b>06/30/2002</b>						
<b>14 Service Provider Name</b> <b>WiscNet</b>				<b>20 Contract Expiration Date</b> (mm/dd/yyyy)						
<b>21 Description of This Service:</b> You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. <b>Attachment #</b> <u>WM-1-g CESA 2 - WiscNet</u>										
<b>22 Entity/Entities Receiving This Service:</b> a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <u>Milton Office - 132971</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____										
<b>23 Calculations</b>										
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
543.17	0	543.17	12	6,518	0	0	0	6,518	44%	2868

Entity Number 132971 Applicant's Form Identifier CESA2 2002 1A  
 Contact Person Candace Vanderlip Phone Number (608) 758-6232

## Block 5: Discount Funding Request(s)

Block 5, page 33 of 33

**Instructions:** Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

**FRN #** (to be assigned by administrator)

<b>11 Category of Service</b> (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input checked="" type="radio"/> Internet Access <input type="radio"/> Internal Connections					<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <b>Westosha Special Ed-0101-g</b>					
					<b>16 Billing Account Number</b> (e.g., billed telephone number) <b>WestoshaSp1</b>					
<b>12 Form 470 Application Number</b> (15 digits) <b>578450000323389</b>					<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <b>12/06/2000</b>					
<b>13 SPIN - Service Provider Identification Number</b> (9 digits) <b>143004351</b>					<b>18 Contract Award Date</b> (mm/dd/yyyy)					
					<b>19a Service Start Date</b> (mm/dd/yyyy) <b>07/01/2001</b>					
					<b>19b Service End Date</b> (mm/dd/yyyy) (use only for "T" or "MTM" services) <b>06/30/2002</b>					
<b>14 Service Provider Name</b> <b>WiscNet</b>					<b>20 Contract Expiration Date</b> (mm/dd/yyyy)					
<b>21 Description of This Service:</b> You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. <b>Attachment #</b> <u>WM-1-g WestoshaSpecialEd - WiscNet</u>										
<b>22 Entity/Entities Receiving This Service:</b> a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <u>Salem Office - 132971</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____										
<b>23 Calculations</b>										
<b>Recurring Charges</b>					<b>Non-Recurring Charges</b>			<b>Total Charges</b>		
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
406.25	0	406.25	12	4,875	0	0	0	4,875	44%	2145

Entity Number 132971

Applicant's Form Identifier CESA2 2002 1A

Contact Person Candace Vanderlip

Phone Number (608) 758-6232

## Block 6: Certifications and Signature

- 24 The applicant is eligible for support because it includes: (Check one or both.)
- a ☒ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
  - b ☐ libraries or library consortia eligible for assistance from a state library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary and secondary schools, colleges, or universities.
- 25 The schools and libraries I represent have secured access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to make effective use of the services purchased as well as to pay the discounted charges for eligible services.
- 26 All of the individual schools, libraries, and library consortia listed in Block 4 are covered by:
- a ☐ an individual technology plan for using the services requested in this application; and/or
  - b ☒ higher-level technology plan(s) for using the services requested in this application; or
  - c ☐ no technology plan needed; applying for basic local and long distance telephone service only
- 27 Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):
- a ☒ technology plan(s) has/have been approved.
  - b ☐ technology plan(s) will be approved by a state or other authorized body.
  - c ☐ no technology plan needed; applying for basic local and long distance telephone service only.
- 28 I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.
- 29 I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.
- 30 I certify that the entity(ies) I represent has complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.
- 31 I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
- 32 I recognize that I may be audited pursuant to this application and will retain for five years any and all worksheets and other records that I rely upon to fill out this application.
- 33 I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

34 Signature Bill Barrow

35 Date 1/12/01

36 Printed name of authorized person Bill Barrow

37 Title or position of authorized person Interim Agency Administrator

38 Telephone number of authorized person: ( 608 ) 758-6232 . ext. 302

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

Entity Number	132971	Applicant's Form Identifier	CESA2 2002 1A
Contact Person	Candace Vanderlip	Phone Number	(608) 758-6232

**NOTICE TO INDIVIDUALS:** Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator, 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order service eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the Federal government, the taxpayer identification number (such as your social security number) and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

**SLD-Form 471  
P.O. Box 7026  
Lawrence, Kansas 66044-7026**

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

**SLD-Form 471  
c/o Ms. Smith  
3833 Greenway Drive  
Lawrence Kansas 66046  
(888) 203-8100**

**ATTACHMENT # PHONE SERVICE - #1 & INTERNET SERVICE - #1**

<u>Service Provider</u>	<u>SPIN#</u>	<u>Billing Account Number</u>	<u>Contracting Party</u>	
Ameritech -----	143001856	920 674 5577 141 7	CESA #2	1
Ameritech -----	143001856	920 261 8716 925 5	CESA #2	2
Ameritech -----	143001856	608 250 5210 131 6	CESA #2	3
Ameritech -----	143001856	608 756 3147 420 2	CESA #2	4
Ameritech ----- Both	143001856	608 755 0743 228 5	CESA #2	5
Ameritech -----	143001856	920 674 0666 659 1	CESA #2	6
Ameritech -----	143001856	920 563 8306 623 1	CESA #2	7
Ameritech -----	143001856	608 741 6687 297 5	CESA #2	8
AT & T ----- Long	143001192	053 172 6237 001	CESA #2	9
AT & T ----- -- Distance	143001192	053 208 7817 001	CESA #2	10
CenturyTel -----	143001819	157 868 0005	CESA #2	11
CenturyTel ----- Both	143001819	608 868 4717	CESA #2	12
CenturyTel -----	143001819	262 593 5979	CESA #2	13
Mc Leod USA -----Long Dist	143000074	3681861	CESA #2	14
Powercom -----	143001117	16483	CESA #2	15
Powercom -----	143001117	16485	CESA #2	16
Powercom -----	143001117	16486	CESA #2	17
Powercom ----- Long	143001117	16487	CESA #2	18
Powercom ----- --Distance	143001117	16488	CESA #2	19
Powercom -----	143001117	16489	CESA #2	20
Powercom -----	143001117	16490	CESA #2	21
Powercom -----	143001117	16491	CESA #2	22
Powercom -----	143001117	17526	CESA #2	23
U S Cellular ----- Cellular	143003952	360004725	CESA #2	24
Verizon -----	143004791	166708279500280900	CESA #2	25
Verizon -----	143004791	166840270217696800	CESA #2	26
Verizon ----- Both	143004791	166820271422166104	CESA #2	27
Verizon -----	143004791	166820279514098508	CESA #2	28
Verizon -----	143004791	166775273924112703	CESA #2	29
Chorus Comm Group LTD -----	143003952	0002813890	CESA #2	30
Chorus Comm Group LTD -----	143003952	0003206467	CESA #2	31

Internet

**Attachment # WM-1-g CESA 2 - WiscNet**

---

**Description of Internet Access Service(s) SLD Program Year 2001-2002**

<b>Contract Number</b>	CESA02-0102-g
<b>Service Provider</b>	WiscNet
<b>SPIN</b>	143004351
<b>Contracting Party</b>	CESA 2

**Services**

<b>Service</b>	<b>Start Date</b>	<b>One-Time Cost</b>	<b>Monthly Cost</b>	<b>Annual Cost</b>
WiscNet BackDoor Service	07/01/2001	\$0.00	\$0.00	\$0.00
WiscNet Circuit Charge	07/01/2001	\$0.00	\$0.00	\$0.00
WiscNet Email Service	07/01/2001	\$0.00	\$20.50	\$246.00
WiscNet Internet Service	07/01/2001	\$0.00	\$514.33	\$6,172.00
WiscNet IP Address Block Charge	07/01/2001	\$0.00	\$0.00	\$0.00
WiscNet ListServ Service	07/01/2001	\$0.00	\$8.33	\$100.00
WiscNet Startup Charge	07/01/2001	\$0.00	\$0.00	\$0.00
WiscNet Upgrade Charge	07/01/2001	\$0.00	\$0.00	\$0.00
<b>Totals</b>		<b>\$0.00</b>	<b>\$543.17</b>	<b>\$6,518.00</b>

**Comments**

October-November 2000 Adjusted Prime-Time Maximum Internet Service Flow-Rate (bits per second):	99752
April 2002 Estimated Prime-Time Maximum Internet Service Flow-Rate (bits per second):	249380

**Attachment # WM-1-g WestoshaSpecialEd - WiscNet****Description of Internet Access Service(s) SLD Program Year 2001-2002**

<b>Contract Number</b>	WestoshaSpecialEd-0102-g
<b>Service Provider</b>	WiscNet
<b>SPIN</b>	143004351
<b>Contracting Party</b>	WestoshaSpecialEd

**Services**

<b>Service</b>	<b>Start Date</b>	<b>One-Time Cost</b>	<b>Monthly Cost</b>	<b>Annual Cost</b>
WiscNet BackDoor Service	07/01/2001	\$0.00	\$0.00	\$0.00
WiscNet Circuit Charge	07/01/2001	\$0.00	\$0.00	\$0.00
WiscNet Email Service	07/01/2001	\$0.00	\$0.00	\$0.00
WiscNet Internet Service	07/01/2001	\$0.00	\$406.25	\$4,875.00
WiscNet IP Address Block Charge	07/01/2001	\$0.00	\$0.00	\$0.00
WiscNet ListServ Service	07/01/2001	\$0.00	\$0.00	\$0.00
WiscNet Startup Charge	07/01/2001	\$0.00	\$0.00	\$0.00
WiscNet Upgrade Charge	07/01/2001	\$0.00	\$0.00	\$0.00
<b>Totals</b>		<b>\$0.00</b>	<b>\$406.25</b>	<b>\$4,875.00</b>

**Comments**

October-November 2000 Adjusted Prime-Time Maximum Internet Service Flow-Rate (bits per second): 5473  
 April 2002 Estimated Prime-Time Maximum Internet Service Flow-Rate (bits per second): 13683

Tuesday, December 12, 2000